



**STATEMENT OF PROCEEDINGS FOR THE  
REGULAR MEETING OF THE  
LOS ANGELES COUNTY COMMISSION FOR  
CHILDREN AND FAMILIES  
KENNETH HAHN HALL OF ADMINISTRATION  
500 WEST TEMPLE STREET, ROOM 739  
LOS ANGELES, CALIFORNIA 90012  
<http://lachildrenscommission.org>**

**Monday, July 7, 2014**

**10:00 AM**

AUDIO LINK FOR THE ENTIRE MEETING. (14-3195)

**Attachments:**    [AUDIO](#)

**Present:**            Commissioner Carol O. Biondi, Commissioner Candace Cooper, Commissioner Patricia Curry, Commissioner Helen Kleinberg, Commissioner Adelina Sorkin LCSW/ACSW, Commissioner Martha Trevino-Powell, Vice Chair Susan F. Friedman and Chair Genevra Berger

**Excused:**           Commissioner Ann E. Franzen, Commissioner Sydney Kamlager, Commissioner Dr. Sunny Kang, Commissioner Adrienne Konigar-Macklin and Vice Chair Steven M. Olivas Esq.

Call to Order. (14-2700)

**The meeting was called to order at 10:13 a.m.**

**I. ADMINISTRATIVE MATTERS**

1. Introductions of July 7, 2014 meeting attendees. (14-2974)

**Self-introductions were made.**

2. Approval of the July 7, 2014 Meeting Agenda. (14-2975)

**On motion of Commissioner Sorkin, seconded by Vice Chair Friedman (Commissioners Franzen, Kamlager, Kang, Konigar-Macklin, and Vice Chair Olivas being absent), this item was approved.**

**DRAFT**

3. Approval of the minutes from the meeting of June 16, 2014. (14-2976)

**On motion of Commissioner Kleinberg, seconded by Vice Chair Friedman (Commissioners Franzen, Kamlager, Kang, Konigar-Macklin, and Vice Chair Olivas being absent), this item was approved.**

**Attachments:**    [SUPPORTING DOCUMENT](#)

## **II. REPORTS**

4. Chair's report for July 7, 2014 by Genevra Berger, Chair. (14-3011)

**Chair Berger reported on the following:**

- **The Monthly staff meeting for the Department of Children and Families are (DCFS) are held on the third Wednesday of each month at 9:00 a.m., Commissioners are invited to attend the meeting.**
- **Commissioner Sorkin attended the Parking Trust Fund meeting at the Children's Court. The total fund to be distributed was \$164,000. All requests were cut and one eliminated due to decrease in funding. This item will be scheduled for a future meeting.**

**By Common Consent, there being no objection (Commissioners Franzen, Kamlager, Kang, Konigar-Macklin, and Vice Chair Olivas being absent), the Commission accepted the Chair's Report.**

5. Department of Children and Family Services Director's report for July 7, 2014 by Philip Browning, Director. (14-3012)

**No report was presented.**

## **III. RECOMMENDATION**

6. Discussion and approval to send a letter to the Director of the Department of Mental Health on behalf of the Commission requesting consideration for the Mental Health Services Act (MHSA) Innovation Grants to include the identification and treatment of families suffering from perinatal and postpartum issues. (14-3051)

**On motion of Commissioner Kleinberg, seconded by Vice Chair Friedman (Commissioners Franzen, Kamlager, Kang, Konigar-Macklin, and Vice Chair Olivas being absent), this item was approved with the following changes:**

- **First Page, Second Paragraph, revised fourth sentence to read:  
"...request that this year's consideration for the Mental Health Services Act (MHSA) Innovation grants of \$15 million include the**

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Identification and treatment of families impacted from perinatal..."

- Second Page, Third Paragraph, revised second sentence to read:  
"Postpartum depression can lead to the neglect of children's needs."
- Include courtesy copy to Mental Health Commission

Attachments:    [SUPPORTING DOCUMENT](#)

#### **IV. PRESENTATIONS**

7. Update by the Department of Children and Family Services (DCFS) on the Strategic Plan.

- Fesia Davenport, Chief Deputy Director (14-2414)

Fesia Davenport, Chief Deputy Director, reported that the Department developed a Strategic Plan in 2010, which initially had 50 objectives; however, at the request of the Commission an additional objective was added pertaining to young children in care. On June 4, 2014, the DCFS presented an update on each strategic objective to the Board of Supervisors, and reported that 19 of the objectives had been completed, 19 are on target to completion; and 12 were identified with fairly significant barriers. Ms. Davenport explained to the Commissioners that DCFS identify the status for each objective by the following color codes:

- Yellow Circle – Objective had some challenges and will not reach target date
- Green Circle - Objective is on target date
- Gold Star - Objective completed

Ms. Davenport then provided a brief description and status on the following objectives:

- I.1.1 Implement Core Practice Model department-wide, and I.1.2 Implement coaching and mentoring department-wide, are objectives that are related to the Katie A. Settlement. One of the major components of the Plan under this objective is the improvement of practices in the way Social Workers collaborate with community partners and the families and communities served. There is strong emphasis on training, coaching, and supervision to front line practices. The Plan includes an increased in accessing and evaluating the quality of practices without disconnecting the work and caseload conditions of staff. DCFS contracted with a nationally recognized consulting to train staff in the aspect of coaching techniques.

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The consultants will help develop and train coaches' for the child and family team meeting. There has been feedback from workers indicating that the training process takes too much time, and opinionated that to some of the training be communicated through the telephone. The consultants responded that the training/coaching cannot be accomplished by phone. There has been 27 coaches trained as of June 2014 with an additional 15 coaches to complete their training in July 2015. The challenge is the need for more coaches.

- **I.1.3 Expand and enhance existing prevention/aftercare services.** Implementation team has requested an additional 18 individuals, and this objective is currently on hold.
- **I.1.4 Implement plan to reduce disparity/disproportionality for African-American children.** There has been progress made, reducing the out-of-home care from about 32 1/2 % to about 28%. The goal is to implement Cultural Brokers Department wide. Cultural Brokers has been implemented successfully in Pomona office, but more work is needed to meet target.
- **I.1.5 Increase "Reunification within Months" from 64.5% to 70%.** Target is achieved within 15 months and the goal is to achieve it in 12 months. Need to secured additional cleats service. In August 2014 on line Electronic cleats will be implemented with the goal of having a response within 20 to 30 minutes to inquiries.
- **I.1.6 Reduce "ER Over 30" rate to 5% over the State average rate.** Los Angeles County is right in the middle and the 5% goal is meet. Many ER policies are County specific and not required by the State. A team is reviewing the ER policy.
- **1.1.7 Implement the countywide self-sufficiency plan.** The Civil Grand Jury was complementary regarding the redesign of the Youth Development Services (YDS). The Department is working with other County departments regarding this plan. The goal is to fully roll out the program in January 2015.

- **I.1.8 Reduce the number of youth crossing over from DCFS to Probation by 15%.** This is the combination of two separate projects. Currently working with Probation, and the workers are monitoring if a youth might be crossing over to the Juvenile Justice System. The Delinquency Prevention Project base line in 2011-12 was 1238, in 2012-13 it was 1201. To reduce the baseline we are working to reach 1052 in July 2014.
- **I.1.9 Reduce court sanctions by 50% through improved report writing and automation.** The goal is to work directly with two Judicial Officers and staff with the sanctions.
- **I.2.1 Establish a real-time database for out-of-home care placement availability.** Moving to operational mode next month (August).
- **I.2.2 Recruit and train an additional 10% of foster homes.** In 2013, target was to recruit 61 new families, we recruited 85 new families. For 2014, the goal is to recruit 135 new families.
- **I.2.3 Enhance monitoring/oversight of Foster Family Agencies, licensed foster homes and other out-of-home care providers.** New amendments were added to the contracts that were provided by the Department in conjunction with the Auditor-Controller. The contract language was approved by the Board Deputies. DCFS is now working with the Auditor-Controller for the implementation of a new fiscal contract monitoring tool.
- **I.2.4 Establish and fill 300 Treatment Foster Care beds.** Since 2008, the Department recruited 264 parents and lost 170 through attrition. The department received approval from the Board of Supervisors to start a Restive Care Pilot Program. With this program the parent continues to receive funds even if the child is not under the care of the parent at the time. The child can only be away for a total of 10 days in a year.
- **I.2.5 Modify group home and FFA contracts to make them responsive to all levels of child care and placement of DCFS children.** Some of the amendments into the contract language have been approved by the Board of Supervisors. Contract language is to be based on performance outcome and will be incorporated in all new contracts and solicitation for Year 2015.

- **I.2.6 Created 30-day assessment beds with currently contracted group home providers.** There was an increase on the capacity of shelter beds. The Department paid for the beds, and is working with the contractors to keep the continuum of empty beds open.
- **I.2.7 For youth requiring out-of-home care, increase relative placements by 20%.** The search tool used by the Department for family finding was not robust. Clear is a real time information tool and will push data back when there is an update.

By Common Consent, there being no objection (Commissioners Franzen, Kamlager, Kang, Konigar-Macklin, and Vice Chair Olivas being absent), the conclusion of this report was continued to a future meeting.

**Attachments:**     [SUPPORTING DOCUMENT](#)

**8.**     Presentation by the Department of Mental Health on mental health services for children and youth.

- Director Marvin J. Southard, DSW (14-2973)

**Marvin J. Southard, Director, Department of Mental Health (DMH) presented on the following areas:**

- Overview of the Department's work with children
- Four major challenges DMH faces over the next year and implication these challenges have on children and families
- Documents distributed to the Commission:
  - Prenatal to Five Partners
  - Fiscal Year 2012-13 Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) Costs for DMH Clients with DCFS Involvement

- **Mental Health Services Act (MHSA) Three-Year Expenditure Plan (3YRPE PLAN)**
- **Draft Briefing Documents: Commercial Sexual Exploitation (CSEC); Katie A. Settlement Agreement; Integrated School Health Centers, and Services to the Uninsured**
- **TAY System of Care Bureau, Blue Ribbon Commission Recommendations (BRC)**
- **Message to Parents and Caregivers and Types of Psychotropic Medications Used in Children and Adolescents (April 2014)**
- **DMH Transition Age Youth (TAY) System of Care Bureau, Juvenile Justice Programs**

### **Overview of the Department's work with children**

**DMH spends approximately \$600 million annually in services for children, youth and their families. The broad spectrum of services range from prevention to inpatient treatment:**

- **Prevention**
- **Early intervention**
- **Treatment**
- **Intensive treatment**
- **Inpatient treatment**

**Mental health prevention for children primarily involves building the bond between the child and caregiver. DMH is placing emphasis on a new area of prevention that involves increasing the capacity for families and communities to deal with the substance abuse issues of parents and caregivers. In most cases involving serious abuse or death, there is an issue of substance abuse with the caregiver present. While efforts are being made to look at co-occurring substance abuse issues in all cases, there is specific focus on cases involving families with children.**

**DMH spends approximately \$490 million on Medicaid beneficiaries using EPSDT for which there is federal and state contribution. Of this amount, approximately \$130 million is utilized on foster youth. In 2013, there were 13,586 foster youth in the DMH system, indicating that 62 percent of foster youth received some type of Medicaid billable mental health service. Prevention or other types of service received through the Mental Health Services Act (MHSA) are not included in the 62 percent.**



**Four major challenges DMH faces over the next year and implication these challenges have on children and families**

1. A major challenge for DMH is the implementation of the Affordable Care Act in a way that integrates mental health and substance abuse services for communities. The methodology being used to serve communities is the “Health Neighborhoods” concept. This concept is a collaboration between Departments of Public Health (DPH); Health Service (DHS); DMH; federally qualified health centers (FQHCs), and the faith-based community. Two of the intentions of Health Neighborhoods are; 1) to share information among these systems that provide health care to particular communities in order to have one treatment plan for an individual or family being served by these systems, and 2) implement in a way that brings the community together to address the social determinants of health outcomes. The characteristics and strengths of the community can predict better or worse health outcomes. The Health Neighborhood concept was included in the County’s strategic plan and supported by the Board of Supervisors. There is faith-based outreach and foundation support for its implementation. Due to changes in funding within the National Institute of Health, the federal grants to support this initiative fell through during the negotiation process. Currently, there are efforts being made on the federal level to establish funding. An additional grant application specific for engaging communities using the Community Partners in Care concept will be submitted on August 8, 2014. The idea behind Health Neighborhoods is to offer communities a menu of initiatives to work on and have the community select the initiative that most significantly addresses their community’s needs.
2. Implementation of diversion from jails and prisons has been a huge and costly issue. It is not productive to incarcerate individuals having a mental illness or addiction where there could be a diversion to supports and services. DMH is working with the District Attorney on developing a strategic countywide plan on how this diversion would operate in terms of diverting individuals prior to being booked, diversion in lieu of arrest, and for individuals in jail that could be diverted to outside programs with the needed services and supports to prevent retuning to the jail system. Children who have a missing or incarcerated parent have life outcomes much worse than otherwise. Diverting a parent from arrest and/or providing the needed supports and services could have significant effects on their children.



3. **Infusion of substance abuse treatment into every aspect of mental health care.** The combination of substance addiction and mental illness is commonly the reason someone with mental illness enters the justice system. Substance abuse treatment integrated with mental and primary healthcare will improve community outcomes. Through the Affordable Care Act, as of January 1st there is a new entitlement under Medicaid for substance abuse services that outlays a substance abuse benefit that make sense; the previous benefit in California funded very little. Once this program is available it will provide as an entitlement; residential substance abuse treatment, intensive out-patient treatment, and detox treatment. None of these treatments were previously available. Implementation of this program strengthens families in providing children a more stable environment. Children are more likely to grow up free from abuse.
4. **Implementation of the new electronic medical record system which also provides billing.** The system's recent rollout started with five contract agencies and approximately 15 clinics. Implementation is critical because it affects the cash flow for children's providers. When this program is securely in place there will be much fewer audit exceptions.

**Documents distributed to the Commission**

- ***Prenatal to Five Partners*** - DMH has various Prenatal to Five Partners. Project ABC is a project collaborative with Children's Hospital on a Substance Abuse and Mental Health Services Administration (SAMHSA) Grant. Dr. William Arroyo is the Principal Investigator on this initiative. Project ABC focuses on mental health for children aged zero to three which primarily involves strengthening the bond between the caregiver and infant.
- ***Fiscal Year 2012-13 EPSDT Costs for DMH Clients with DCFS Involvement*** - This document summarizes costs, including MHSA and non-MHSA billed costs summing to approximately \$344 million. The cost summary includes only services and costs related to foster youth.
- ***MHSA Three-Year Expenditure Plan (3YRPE PLAN)*** - This document summarizes the three-year plan and describes some of the children and youth initiatives included in the plan that were developed through the stakeholder's process.
- ***Draft briefing documents*** - DMH is preparing a set of briefing papers for the new incoming members of the Board of Supervisors. The draft briefs distributed on CSEC, Katie A. Settlement Agreement, Integrated School Health Centers, and Services to the Uninsured are those related

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to interests involving children and families and provide a description, status and policy issues. In terms of the Katie A. Settlement Agreement, this settlement has provided DMH a significant impetus to change the way mental health services are provided to foster youth and subsequently improved the penetration rate from 40 percent to the current 62 percent of foster youth receiving mental health services. Services to the Uninsured briefing provides a description of DMH efforts in addressing issues with providing services to the uninsured as it relates to the Affordable Care Act and County healthcare systems.

- ***TAY System of Care Bureau, Blue Ribbon Commission Recommendations (BRC)*** - This document summarizes the responses to the Blue Ribbon Commission's recommendations that specifically involve mental health.
- ***Message to Parents and Caregivers and Types of Psychotropic Medications Used in Children and Adolescents (April 2014)*** - This guide is particularly useful for children under County supervision. A concern has been whether caregivers and parents fully understand medications prescribed and the compliance and side effects of the medications. The Juvenile Justice Psychiatry Program developed this Psychotropic Medication guide to address this concern. The guide is available in Spanish and English.

In response to questions posed by the Commission, Dr. Southard responded with the following:

- In regards to the Juvenile Justice Programs presentation distributed, the Augustus F. Hawkins Mental Health Center (AHMHC) provides a variety of mental health services. A proposed service at the AHMHC is the creation of a TAY campus that provides an array of services. Work with Second Supervisorial District on the design of the TAY campus is underway. There is an existing program for children and youth, however; it is being redesigned as a future program for the new campus at AHMHC. The current program does not serve all of the needs in the way it should and serves a small number of children at approximately 300 annually. Part of the plan is to stimulate the number of inpatient services for youth. New beds for inpatient services are being generated through the Affordable Care Act.

The Commission questioned the Juvenile Justice Unduplicated Client Count and requested clarification concerning whether mental health cases are being opened on probation youth for attending a class that is mandated by the Department of Justice.

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Dr. Southard clarified that there is no billing involved in mental health work being done in the probation camps and agreed to check on the numbers indicated in the Juvenile Justice Unduplicated Client Count. He further agreed that the stigma involved with having a mental illness exists and should be avoided where possible.

- The approximate \$600 million spent on children is a combination of EPSDT coded services and non-billable items, including probation. About 97 percent of youth in the DMH treatment system are covered by some insurance. The undocumented population who are not covered by Medicaid is relatively small.

The Commission expressed concerns with the billing of services to EPSDT funding in that it necessitates a mental health diagnosis which labels the child as having a mental illness which carries a stigma. If Prevention and Early Intervention (PEI) funds are used, the label does not apply because it is specific to prevention and not a pre-existing condition.

Bryan Mershon, DMH explained that the diagnosis used for Parent Child Interaction Therapy (PCIT) involves behavioral problems with the child where PCIT may be considered an appropriate intervention. There may be a low level mental health diagnosis. The case would be open regardless of whether the child is funded through PEI or MHSA.

Dr. Southard added that cases are accompanied with a chart that tracks the diagnosis, whether it is billed to Medicaid or PEI is irrelevant. The issue is whether the diagnosis is appropriate to the reality of the situation. A diagnosis should be made if it is called for.

- With the increasing need for mental health services, DMH is increasing its contract providers. There are more challenges to increase capacity in the department's directly operated systems because there is less space. Other methods the department is exploring include increasing the Fee for Service Network of providers, and using a Telehealth system.
- The new benefit for substance abuse treatment through the Affordable Care Act will be for children 12 years and older. The proposal submitted on a federal level is for people ages 12 to 65.

The Commission requested Dr. Southard to provide a follow up presentation on a later date.

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**By Common Consent, there being no objection (Commissioners Franzen, Kamlager, Kang, Konigar-Macklin, and Vice Chair Olivas being absent), the Commission accepted the Dr. Southard's report.**

**Attachments:** [Prenatal to Five Partners](#)

[FY 12-13 EPSDT Costs for DMH Clients with DCFS Involvement](#)

[MHSA Three-Year Expenditure Plan](#)

[Briefing Documents\\_Draft](#)

[TAY System of Care Bureau, BRC Recommendations](#)

[Psychotropic Medications Used in Children/Adolescents](#)

## **V. DISCUSSION**

9. Update by Commissioner Candace Cooper on the mediation service in juvenile courts. (14-3148)

**Commissioner Cooper provided a brief report and stated the program had a 60-70% success rate. The program consisted of 15 Mediators. The program does not exist now due to the cuts in funding for this program. For a small operation which includes 4 full time Mediators the cost is \$650,000 to 800,000. Judge Nash informed the Commissioner that the program requires long term commitment.**

**By Common Consent, there being no objection (Commissioners Franzen, Kamlager, Kang, Konigar-Macklin, and Vice Chair Olivas being absent), the Commission agreed to schedule this item for a future meeting.**

## **VI. MISCELLANEOUS**

### **Matters Not Posted**

10. Matters not posted on the agenda, to be discussed and (if requested) placed on the agenda for action at a future meeting of the Commission, or matters requiring immediate action because of an emergency situation or where the need to take action arose subsequent to the posting of the agenda. (14-3013)

**There were none.**

### **Announcements**

11. Announcements for the meeting of July 7, 2014. (14-3014)

**There were none.**

**Public Comment**

12. Opportunity for members of the public to address the Commission on items of interest that are within the jurisdiction of the Commission. (14-3015)

**Connie Han, BSN; Lorena Garcia- Marquez, BSN; and Karen Solomon, MSN; Health Care Program for Children in Foster Care, from the Department of Public Health informed the Commission their section prefers staying with the Department of Public Health rather than joining the Department of Children and Family Services.**

**Adjournment**

13. Adjournment of the meeting of July 7, 2014. (14-3016)

**The meeting adjourned at 12:18 p.m.**